



## CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 10/20/2008 To: 11/30/2008  
Mo Day Year Mo Day Year

1. Committee I.D. Number

150313-0

2. Committee Name

Committee to Elect Joseph Rivet

4. Candidate Last Name

Rivet

First Name

Joseph L.

M.I.

4a. Office Sought Including District # or Community Served (If applicable)

~~To Be Determined~~ DRAIN COMMISSION

4b. County of Residence

Bay

Driver License # (Optional)

5. Committee's Mailing Address

4542 Mocasa Ct.

Bay City

MI 48706

Area Code and Phone (989) 671-2153

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

JOSEPH RIVET

4542 MOKASA CT.

BAY CITY

Area code & Phone 989 671-2153

Driver License # (Optional)

7. Treasurer's Business Address

515 CENTRAL AVE.

BAY CITY MI 48706

Area Code and Phone 989 895 4298

8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper)

Area Code and Phone

Driver License # (Optional)

### 9. TYPE OF STATEMENT

9a. ☐ Pre-Election

OR

9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☒ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

11/05/2008

Month

Day

Year

9c. ☐ Annual Statement (\_\_\_\_ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Mon

Day

Year

By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

10. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Recordkeeper

JOSEPH L. RIVET

Type or Print Name

Signature

Date

12 4 08

Mo

Day

Year

Candidate Joseph L. Rivet

Type or Print Name

Signature

Date

12 4 08

Mo

Day

Year

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

1. Committee I.D. Number 150313-0

2. Committee Name Committee to Elect Joseph Rivet

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>2600.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>2600.00</u>	(18.) \$ <u>15633.26</u>
<b>4. Other Receipts</b> (Schedule 1A -1, Column 6)	(4.) \$	<u>0.00</u>	(19.) \$ <u>0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>2600.00</u>	(20.) \$ <u>15633.26</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions</b> (Schedule 1-IK, Column 7)	(6.) \$	<u>0.00</u>	(21.) \$ <u>550.00</u>
<b>7. In-Kind Expenditures</b> (Schedule 1B-IK, Column 6)	(7.) \$	<u>0.00</u>	(22.) \$ <u>0.00</u>
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>5392.26</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>40.30</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>5432.56</u>	(23.) \$ <u>17107.20</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u>0.00</u>	(24.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0.00</u>	
<b>BALANCE STATEMENT</b>			
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$	<u>3418.13</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) +	<u>2600.00</u>	
<b>15. SUBTOTAL</b> Add Lines 13 and 14	(15.) =	<u>6018.13</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) -	<u>5432.56</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>585.57</u> *	

NOTE: Direct contributions, in-Kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.  
All required schedules must be included with this statement. \*If your ending balance is negative, please recheck your math.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150313-0

2. Committee Name Committee to Elect Joseph Rivet

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>1</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/31/2008</u>  Name: <u>Bay County Democratic Party</u> Address: <u>4538 Greenfield</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1000.00	1000.00
3. Contribution # <u>2</u> PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>11/01/2008</u>  Name: <u>IBEW-COPE</u> Address: <u>900 Seventh Street NW</u> <u>Washington DC 20001</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1000.00	1000.00
3. Contribution # <u>3</u> PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>11/01/2008</u>  Name: <u>MRCC PAC - Carpenters</u> Address: <u>3800 Woodward Ave.</u> <u>Detroit MI 48201</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500.00	500.00
3. Contribution # <u>4</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>11/14/2008</u>  Name: <u>Martin Shinedling</u> Address: <u>2355 Delta Road</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	100.00
Page Subtotal	2600.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	2600.00	

Enter this total on  
line 3a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150313-0  
2. Committee Name Committee to Elect Joseph Rivet

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
<b>Expenditure # 1</b> Name: Postmaster Address: Bay City MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/2008	3573.74
<b>Expenditure # 2</b> Name: Richey Address: 1190 Woodwind Trail Haslett MI 48840 <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing Labels</u> Expenditure Code <u>CO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/31/2008	375.00
<b>Expenditure # 3</b> Name: RT Printing Address: 4778 Main Millington MI 48746 <input type="checkbox"/> Fund Raiser	Purpose: <u>Literature</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/31/2008	1334.52
<b>Expenditure # 4</b> Name: Citizens for Billy Martin Address: 5154 Baxman Rd. Bay City MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Ticket</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/02/2008	25.00
<b>Expenditure # 5</b> Name: Postmaster Address: Bay City MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/19/2008	84.00
Subtotal this page			5392.26
Grand Total of all Schedules 1B (Complete on last page of Schedule)			5392.26

Enter this total  
on line 8a of  
Summary Page